



Educational Service Center
3717 Grandview Drive West
University Place, Washington 98466-2138

(253) 566-5600
Fax (253) 566-5607

OFFICE OF THE SUPERINTENDENT

MEMORANDUM

TO: Applicants
FROM: Paul Harvey, Executive Director of Human Resources
RE: **Application for Classified Employment**

Enclosed is our application form for classified employees. In addition to your completed application, the following information, while not required, would help us to know more about you as a candidate.

1. Recommendation from most recent employment, see Reference Form #1.
2. Character Reference Form, not required to be job-related, see Form #2.

The following procedure can help in your employment endeavors:

1. Submit application and appropriate paperwork.
2. Listen to the Job Line number at (253) 566-5605.
3. If you have an application already on file and are interested in applying for a specific open position, a brief letter of interest (one per position) should be sent to the attention of the Personnel Department before the closing date.
4. If your availability status changes, please notify us.

Your file will be kept for one calendar year from date of latest application.

We thank you for your interest in University Place School District.

University Place School District #83
 3717 Grandview Drive West
 University Place, Washington 98466-2138
 (253) 566-5600

CLASSIFIED APPLICATION FOR EMPLOYMENT

Name _____	Last _____	First _____	Middle _____
Address _____		City/Zip _____	Phone _____

Position(s) Sought

<p style="text-align: center;"><u>Para Educator</u></p> <input type="checkbox"/> Instructional Para <input type="checkbox"/> Health <input type="checkbox"/> Lunchroom Supervision <input type="checkbox"/> Study Hall <input type="checkbox"/> Crossing Guard <input type="checkbox"/> Library <input type="checkbox"/> Playground	<input type="checkbox"/> Secretarial <input type="checkbox"/> Technology Support <input type="checkbox"/> Grounds <input type="checkbox"/> Maintenance <input type="checkbox"/> Custodian <input type="checkbox"/> Chief Custodian <input type="checkbox"/> Warehouse <input type="checkbox"/> District Security	<input type="checkbox"/> Food Service Worker <input type="checkbox"/> Mechanic <input type="checkbox"/> Bus Driver Other _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Summer Help – Students Only (Minimum Wage)</p> <input type="checkbox"/> Grounds <input type="checkbox"/> Clerical </div>
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General Information

- A specific letter of interest is required for each opening.
- Applications are considered active for one year from date received and may be renewed for one additional year at the applicant's request.
- Selection for interviews will be based on data provided by the applicant.

Valid Driver's License? Yes No Social Security Number _____

Is the condition of your health such that you can carry out the full responsibility of the position(s) you have applied for? Yes No

If you answered No, please explain: _____

Have you, within the last seven years, been convicted of a crime other than a minor traffic violation?
 Yes No (A conviction will not automatically bar you from employment.)

If Yes, please explain: _____

Your present position? _____

Approximate date available for position? _____

Why do you desire to leave your present position, or why did you leave your last position? _____

The University Place School District complies with all federal laws, rules, and regulations and does not discriminate on the basis of race, color, national origin, gender or disabilities in student education programs, co-curricular activities, and employment practices. The district is an equal opportunity/affirmative action employer encouraging application of qualified minorities, women and disabled persons for employment and other opportunities. For elevator access at school sites, contact the principal's office. The University Place School District is a drug-free/smoke-free workplace and educational setting. Direct inquiries regarding compliance, grievance, or appeal procedures should be made to the District Affirmative Action Officer/Section 504/ADA/ Title IX Officer, Paul Harvey, (253) 566-5600.

An Equal Opportunity/Affirmative Action Employer

Education	School Name & Location	Years	Date	Subject
High School/GED				
Vocational School/ Business School				
College/University				

FORMER EMPLOYERS: (List last four employers, starting with most recent, including military).

Date Month & Year	Name and Address of Employers	Position	Supervisor
From: To:			
From: To:			
From: To:			
From: To:			

REFERENCES: Give the names of three persons, not related to you, whom you have known at least one year.

Full Name of Reference	Address	Phone Number
1.		
2.		
3.		

FOR SECRETARIAL/CLERICAL APPLICANTS:

Do you type? Yes or No Number of years of experience _____

How many words per minute do you type? _____

Please list any additional office machines with which you have had previous experience.

<u>Type of Machine</u>	<u>Number of Years of Experience</u>
_____	_____
_____	_____

Are you presently authorized to work in the United States for any United States employer?
 Yes No

What is the nature of your authorization? _____

I hereby certify that all the information I have provided in this application is true and correct. I further agree that if I am employed, I will provide verification of my experience.

I also agree that falsification of any part of this application shall be sufficient cause for dismissal.

_____ Date of Application _____ Signature of Applicant

I understand that any job offer is conditional on (1) Board approval; (2) satisfactory completion of a criminal background check; and (3) proof of identity and eligibility to work in the United States.

_____ has applied for a position of _____
with the University Place School District. We ask that you carefully evaluate the applicant in terms of your contact
with the applicant.

In what capacity did the applicant work with you? _____

Have you observed this applicant very few times? equal to one year? several

years? From _____ to _____
(date) (date)

What was your title at the time you worked with the applicant? _____

Where _____

Comments on applicant: _____

Name _____

Signature _____

Date _____

Your telephone number _____

Address _____

Thank you for assisting us in evaluating this applicant.

Please return to:

Personnel Office
University Place School District
3717 Grandview Dr. West
University Place WA 98466

_____ has applied for a position of _____
with the University Place School District. We ask that you carefully evaluate the applicant in terms of your contact
with the applicant.

In what capacity did the applicant work with you? _____

From _____ to _____
(date) (date)

1. Outstanding qualities: _____

2. Weaknesses: _____

3. General Behavior: _____

Name _____

Signature _____

Date _____

Your telephone number _____

Thank you for assisting us in evaluating this applicant.

Please return directly to:

Personnel Office
University Place School District
3717 Grandview Dr. West
University Place WA 98466

**AUTHORIZATION TO CHECK WORK HISTORY
& RELEASE OF PRIOR EMPLOYERS**

I authorize *University Place School District* to check my references and to investigate any information provided in my application for employment. I further authorize my past employers or anyone with information about my work history, education or qualifications to provide such information to *University Place School District* in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) anyone supplying such information to *University Place School District*.

Signed:

Date

DISCLOSURE STATEMENT

UNIVERSITY PLACE SCHOOL DISTRICT
3717 Grandview Drive West
University Place, WA 98466

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, we must ask you to complete the following Disclosure Statement. This information will be kept confidential.

1. Have you ever been convicted of a crime? _____ Yes _____ No

If "yes," please identify the offense(s), provide the date(s) of the convictions(s), the name of the court, (e.g. King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as finding by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____ Yes _____ No

If "yes," please identify the specific finding(s), which agency or court made it, the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.*

I have signed this Disclosure Statement on the date shown below at _____, Washington.

DATE: _____ Signature: _____

Print name: _____

*If we receive an unsatisfactory report from the State Patrol, you will be notified within ten days and we will make a copy of the report available to you upon your request.

Fingerprint Instructions

Washington State law (RCW28A.400.303) requires school districts, educational service districts, state school for the deaf, state school for the blind, and their contractors hiring employees who will have regularly scheduled unsupervised access to children be fingerprinted for a record check through the Washington State Patrol (WSP) and the Federal Bureau of Investigation (FBI).

You may select one of the following options to complete the fingerprint process:

1. You may complete the fingerprint process in person at one of the ESD locations listed below; a fingerprint card is not required. Fingerprint scans are subject to a processing fee. Please contact the ESD of your choice for information regarding the submission of your fingerprints through the live scan process and processing fee. Please provide the district with a receipt showing that you have been fingerprinted.
2. You may have your fingerprints processed by an outside agency. If you are fingerprinted by an agency other than an ESD office, you must pick up a fingerprint card from the University Place School District, take it to the outside agency following the instructions below and then return the card to UPSD with a check to University Place School District in the amount of \$50.25.

Enter your name (including aliases), complete mailing address, social security number*, citizenship, date of birth and personal information (sex, race, etc.). The spaces for OCA, FBI, MNU numbers may be left blank if you do not have one of those numbers. **A card with other missing or incomplete information will be rejected.**

Mandatory Information:

Name	Place of Birth	Date of Birth	Race	Sex	Eye Color	Hair Color	Height	Weight
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- * Entering your social security number is optional. However, it is very useful for verifying we have the correct individual's file when a public school district or college/university requests clearance information. Your social security number will only be used for this purpose; it will not be disseminated.

Take the fingerprint card you received from the district office to a law enforcement agency or to an agency authorized to take fingerprints. The agency may charge a separate fee for this service. Example the County City Building fee is \$5.00 cash Pierce County residents only. Please bring one form of picture identification to the agency taking fingerprints.

Please do not bend the card when mailing; this can cause the card to be rejected by the WSP.

3. You may have your fingerprints processed by a private fingerprinting service. If you choose to do this, make sure the fingerprinting service prints out a hard copy of your completed fingerprint card. Then return the card to UPSD with a check to OSPI in the amount of \$50.25.

ESD 113	Olympic ESD 114	Puget Sound ESD 121
601 McPhee Rd. S.W.	105 National Ave. N.	800 Oaksdale Ave SW
Olympia, 98502	Bremerton, 98312	Renton, 98055
(360) 464-6714	(360) 478-6868/6870	(425) 917-7612
http://www.esd113k12.wa.us	http://www.oesd.wednet.edu	http://www.psesd.org http://www.psesd.org/
County City Building		
930 Tacoma Ave S		
2 nd Floor, Room 239		
(253-798-7535		

**University Place School District
Affirmative Action Questionnaire**

Last Name _____ First Name _____ Date _____

For the purpose of effectively implementing the District's Affirmative Action Plan, we would appreciate your providing the information below. This is entirely voluntary and will remain confidential. This information will not be filed with or made part of your application.

Please check the appropriate items in each of the following categories:

POSITION APPLIED FOR:

<u>RACE:</u>	<input type="checkbox"/> American Indian		<input type="checkbox"/> Administrative
	<input type="checkbox"/> Asian/Pacific Islander	(Specify Title) _____	
	<input type="checkbox"/> Black		<input type="checkbox"/> Certificated Teacher
	<input type="checkbox"/> Hispanic	(Specify Subject) _____	
	<input type="checkbox"/> White		<input type="checkbox"/> Specialist
	<input type="checkbox"/> Other (Specify): _____	(Specify Title) _____	
			<input type="checkbox"/> Classified
<u>SEX:</u>	<input type="checkbox"/> Female		
	<input type="checkbox"/> Male	(Specify Position) _____	